

CEMETERY COMPANY'S ANNUAL REPORT

On Improvement Care Fund

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1145

Office: 615-741-5062; Fax: 615-532-1903

http://funeral.tn.gov

Note: This report must be received no later than seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail the completed report to Burial Services at the address above.

For t	the fiscal year beginning	, 20	and ending	, 20
	I. GENERA	L INFO	RMATION	
1. 1	Name of Cemetery:			
2.	Location (County and City):			
3.	Cemetery's mailing address:			
4.	Name of person in charge:		Telep	hone:
5a.	Total numbers of Interments this fiscal year:			
5b.	Cemetery acres developed:			
6a.	Name of parent corporation:			
6b.	Date of incorporation:			
7.	If not incorporated, how organized?			
8.	Other Tennessee cemeteries controlled by the	is compar	ny:	
9.	orporation, proprietor,			
	partner or trustee of the association:			
10.	Name and address of Trustee of Improveme			
11a.	Date of trust agreement or renewal:			
11h	Is a capy on file with the state?			

2. Amount due for this year pursuant to fully paid contracts: A. Lot Sales Volume (exclude lawn crypt spaces) becoming fully paid this year: \$ a) 20% of lot sales volume shown in "A" above: b) Additional trust required to meet minimum .504 per square foot: B. Lawn Crypt Space Sales Volume becoming fully paid this year: a) 20% of lawn crypt space sales volume shown in "B" above: b) Additional trust required to meet a minimum \$50 for each lawn crypt space: C. Mausoleum/Niche Crypt Sales Volume becoming fully paid this year: a) 10% of Mausoleum/ Niche Crypt sales volume shown in "C" above: D. Memorial and Special Care Funds Received: [Ref. §46-2-202 (a)(3),(4)] E. Total Trust Liability for this year [Sum of 2A(a&b) + 2B(a&b) + C(a) + D]: 3. Total trust deposits required this year (Sum of 1 plus 2E): 4. Total amount paid to trust this year (Do not include any amounts paid after close of year): 5. Unpaid balance at end of year (Total 3 minus 4): A. Amount(s) paid for this year after close of year Date Paid S		II. LIAI	BILITY TO IMPRO	/EMENT CARE TR	RUST				
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COUNTY OF	STATE OF	TENNESSEE							
I,						of			
do hereby affirm, under penalty of perjury, that all of	-,								
the information submitted in this report is true and correct and complete.	the informa				1 r	J J, J			
(Seal) X	(S	eal)	X	(Signature)					
Sworn to and subscribed before me this day of, 20	Sworn to a	nd subscribed before me				20			

Notary's Signature:

My commission expires: